

PROVIDER REASSIGNMENT FOR ASSESSING ANNUAL LIABILITY

Purpose: To provide clear communication between transferring and receiving providers, to ensure the appropriate forms are transferred to the receiving provider and to document a provider reassignment for assessing Annual Liability aka UMDAP.

Procedure: A provider may request to perform the function of assessing a client's Annual Liability as long as 1) the Annual Liability period has lapsed, and 2) the current UMDAP provider agrees or the current UMDAP provider is no longer servicing the client.

The provider requesting the reassignment should complete the New/Receiving section of the Provider Reassignment for Assessing Annual Liability. The current Annual Liability period typically covers one year from the UMDAP date entered on the Client (CLNT) screen. The requesting provider should also complete the client information (last name, first name date of birth and MIS Number) in the Transferring Provider Section of the form. The form should be mailed or faxed to the Transferring Provider.

The Transferring Provider should mail the PFI folder and any other relevant documents to the New/Receiving Provider and complete the Staff Authorizing Transfer section of the form. The form should then be mailed or faxed to:

DMH
CIO Bureau Help Desk
3160 W. 6th Street
Los Angeles, CA 90012

The CIO Bureau will update the UMDAP Date and UMDAP Reporting Unit as indicated on the form. Faxed copies will be processed in approximately two business days, mailed copies will be processed in approximately two weeks.

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TRANSFERRING PROVIDER

A copy of the Payor Financial Information folder and any other relevant documents for the following client were sent to the new provider on _____.
Date

Client Last Name First Name Date of Birth MIS No.

Please print

Staff Authorizing Transfer:

Print Name

Signature

Area Code& Phone No.

Rep. Unit No.

Reporting Unit Name

Date

NEW/RECEIVING PROVIDER

This provider has been in contact with the transferring provider and accepts responsibility for determining the current Annual Liability period of _____.

Staff Requesting Transfer:

Print Name

Signature

Area Code& Phone No.

Rep. Unit No.

Reporting Unit Name

Date

CHIEF INFORMATION OFFICE BUREAU

This request has been processed and the UMDAP Reporting Unit and UMDAP Date fields in the Management Information System were updated on _____.

Staff who completed this request:

Name

➤ **ANNUAL CHARGE PERIOD: FROM _____ TO _____**

The annual liability period runs from the date of the client's first visit (regardless of when the PFI is completed or of an adjustment) until the last day of the eleventh subsequent month. For example; the client was admitted to a mental health facility on October 22, 2000, therefore the UMDAP annual charge period would be 10/22/00 through 9/30/01.

There can be only *one* annual UMDAP liability period regardless of the number of providers of service within the county or state in which a client is treated. Subsequent providers must accept the UMDAP liability sliding scale fee established by a previous provider for the remainder of the UMDAP liability period. When a client is admitted to a program, staff is instructed to check the MIS Client Screen for an existing UMDAP Date. In the event there is a current UMDAP Date, the provider is to contact the originating provider for a copy of the PFI. The UMDAP liability period is a twelve-month period that constitutes a client's fiscal year. The UMDAP liability sliding scale fee must be reevaluated for every twelve-month period.

There is only one circumstance that would warrant a change in the annual charge period. If a provider fails to financially screen a client and later discovers that a PFI was completed at another facility, the provider may contact that facility requesting that the annual charge period be changed to include their dates of service. The facility that originated the PFI is the only provider that is authorized to change the annual charge period.

CHG THIS CLNT [REDACTED]
NEXT CLNT [REDACTED]

CONFIDENTIAL REPT UNIT 0300E

DATE: 11-13-01 TIME: 15:59:28 CLIENT IDENTIFICATION SCREEN

LAST [REDACTED] FIRST [REDACTED] M [REDACTED]

AKA/MAID: LAST FIRST M

SEX M ETHNICITY 02 BIRTHDATE 07231988 AGE 013 DATE OF DEATH

MOTHER MAID LAST NAME SSN [REDACTED]

XREF-ID XREFIDS

ADDR: ST NO [REDACTED] DIRECT NAME CANTERBURY TYPE DR APT 108

CITY [REDACTED] CITY STATE CA ZIP 90230 COUNTY 19

HOME PHONE 310 - [REDACTED] BUS PHONE 310 - [REDACTED] ENG Y PRI LANG 01

HANDICAP 00 EDUC LVL: CLNT 05 VETERAN U APR 7

EMRG NAME JENNIFER [REDACTED] RELAT AUNT

PH 310 - 5597258

EMERG ADDR: ST 3962 VAN BUREN PLACE CITY

STATE ZIP 00000

UMDAP DATE: 11212001 RPT UNIT: 7095A

FAM INC 000000000 SOI DPNDT 00 ANNL LIAB 0

AMNESTY N AMNESTY NUMBER FINANCE RESP COUNTY: Y S-D/MEDI-CAL:

CLIENT/FAM: MEDICARE: CHAMPUS: INSURANCE/THIRD PARTY: HMO/PHP: B

MEDICARE NUM: UNKNOWN: STAFF ADDING RECD 0271985

SFPR/CoorID: PSIX212 Name L: BURACK F FROMA Ph 781 - 0000360

Prov Num: 7095 Name: LA CENTER/THERAPY & EDUCATION Lv: II CyclDt

MESSAGE: LAMH0935- REEVAL MUST BE > THAN 11 MONTH

[REDACTED]

CHG THIS CLNT [REDACTED] **CONFIDENTIAL** REPT UNIT 7012A
NEXT CLNT [REDACTED]

DATE: 11-13-01 TIME: 16:10:59 CLIENT IDENTIFICATION SCREEN

LAST [REDACTED] FIRST [REDACTED] M BRANDON

AKA/MAID: LAST FIRST M

SEX M ETHNICITY 02 BIRTHDATE 07231988 AGE 013 DATE OF DEATH

MOTHER MAID LAST NAME SSN [REDACTED]

XREF-ID XREFIDS

ADDR: ST NO [REDACTED] DIRECT NAME CANTERBURY TYPE DR APT 108

CITY [REDACTED] CITY STATE CA ZIP 90230 COUNTY 19

HOME PHONE 310 - [REDACTED] BUS PHONE 310 - 4795262 ENG Y PRI LANG 01

HANDICAP 00 EDUC LVL: CLNT 05 VETERAN U APR 7

EMRG NAME JENNIFER [REDACTED] RELAT AUNT PH 310 - 5597258

EMERG ADDR: ST 3962 VAN BUREN PLACE CITY STATE ZIP 00000

UMDAP DATE: 11102001 RPT UNIT: 7095A

FAM INC 000000000 SOI DPNDT 00 ANNL LIAB 0

AMNESTY N AMNESTY NUMBER FINANCE RESP COUNTY: Y S-D/MEDI-CAL:

CLIENT/FAM: MEDICARE: CHAMPUS: INSURANCE/THIRD PARTY: HMO/PHP: B

MEDICARE NUM: UNKNOWN: STAFF ADDING RECD 0271985

SFPR/CoorID: PSIX212 Name L: BURACK F FROMA Ph 781 - 0000360

Prov Num: 7095 Name: LA CENTER/THERAPY & EDUCATION Lv: II CyclDt

MESSAGE: LAMH0933 - DATE CANNOT BE CHG BY THIS RU

[REDACTED] NEISHA TEST